

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

MPA/169997

PRELIMINARY RECITALS

Pursuant to a petition filed November 05, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on January 19, 2016, at Elkhorn, Wisconsin.

This hearing was originally scheduled for December 8, 2015. At Petitioner's request, the hearing was rescheduled to January 19, 2016, to give Petitioner an opportunity to consult with her dentist and submit her dental records.

The issue for determination is whether the Department of Health Services, Division of Health Care Access and Accountability (DHS) correctly denied the Petitioner's request for a root canal.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:





Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703

By: OIG by letter

Division of Health Care Access and Accountability 1 West Wilson Street, Room 272 P.O. Box 309 Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner is a resident of Walworth County.
- 2. On September 29, 2015, Petitioner's dentist submitted a prior authorization request for endodontic therapy (root canal) for tooth 3 which is a molar. (Exhibit 7)
- 3. At that time, the Petitioner's periodontal classification was determined to be type III. (Exhibit 5)
- 4. On October 16, 2015, the Department of Health Services (DHS) sent the Petitioner and her dentist letters advising them that the request for services was denied. (Exhibit 7)
- 5. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on November 5, 2015. (Exhibit 1)

DISCUSSION

The on-line provider handbook, explains the approval criteria for receiving a root canal, under topic #2881¹:

Anterior, Bicuspid, and Molar Root Canal Therapy

Root canal therapy should only be provided when there is a strong likelihood that the treatment will be successful and definitive (i.e., that it will not later result in extraction). To receive Medicaid reimbursement for root canal therapy, the member's record must include clinical documentation of *all* the following:

- Evidence of good periodontal health (AAP periodontal classification of Type I or II).
- Evidence visible on radiographs that at least 50 percent of the clinical crown is intact.
- A treatment plan that identifies no more than three teeth for root canal therapy, including molars. Molar root canals (D3330) for members ages 21 and older and treatment plans involving root canal therapy on four or more teeth require PA.

Anterior, bicuspid, and molar root canals (D3310, D3320, and D3330) are not reimbursable if any of the following are true:

- The member has fewer than two posterior teeth in occlusion per quadrant.
- The member is missing six or more teeth in the arch where the root canal is to be performed, including third molars.
- The member is missing one or more anterior teeth in the arch where the root canal is to be performed.

(Emphasis added; See also Exhibit 6)

Exhibit 5 is an e-mail from Petitioner's dentist dated December 4, 2015, indicating that, at that time, Petitioner's periodontal classification was type III. As such, DHS correctly denied authorization for the root canal therapy.

2

-

https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=15&s=2&c=525&nt=Anterior%2c+Bicuspid%2c+and+Molar+Root+Canal+Therapy

Petitioner indicated that she will be going to the dentist shortly, to have her gums probed as recommended by her dentist in Exhibit 5. If her periodontal health has improved to a type II or type I classification, her dentist can submit a new request for prior authorization for the root canal.

CONCLUSIONS OF LAW

DHS correctly denied the September 29, 2015 request for root canal therapy.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee, Wisconsin, this 20th day of January, 2016

\sMayumi M. Ishii Administrative Law Judge Division of Hearings and Appeals

3



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on January 20, 2016.

Division of Health Care Access and Accountability